WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934
46

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39895

1. PLACE OF DEATH
County: Howell
Township: Spring Creek.
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 384
Primary Registration District No. 5539

File No. .....
Registered No. .....

2. FULL NAME: Charles Chester Davis

(a) Residence, No. Pottersville, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Vada Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 19, 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Farm.

10. Date deceased last worked at this occupation (month and year): Dec. 2, 1933

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ripley Co., Mo.

FATHER

13. NAME: Josh. Davis.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Milinda Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ripley Co., Mo.

17. INFORMANT: Thaidon Davis
(ADDRESS): Pottersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pottersville Cem. DATE: Dec. 3, 1933

19. UNDERTAKER: Hal Thornbrough
(ADDRESS): West Plains, Mo.

20. FILED 12-3 1933 Vida N Simmons
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Dec 3, 1933
I last saw him alive on about 11/21/33, 1933. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Death of Donor Not Known
Stood Chronic Alcoholic
Also Some Nephritis

Other contributory causes of importance:
Had a Very Severe Case
Attack of Influenza

Name of operation: none Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. M. Bingham, M. D.
(Address) West Plains, Mo.